

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28319**
7306
Registrar's No. _____

BIRTH NO. **10627-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		11	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) NR- 1417 Lawrence		2	

3. NAME OF DECEASED (Type or Print) Betty Oleatha McNeese			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1949			
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH January 20, 1919	9. AGE (In years last birthday) 0	# UNDER 1 YEAR 6	# UNDER 24 HRS. 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Timmie McNeese		13b. MOTHER'S MAIDEN NAME Priscilla Ewing		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Timmie McNeese	
				ADDRESS 1417 Lawrence	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Toxic Diarrhea			4 days
ANTECEDENT CAUSES		DUE TO (b)			unknown
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			none

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1192 5710		

22. I hereby certify that I attended the deceased from **Aug. 15, 1949**, to **Aug. 19, 1949**, that I last saw the deceased alive on **Aug. 15, 1949**, and that death occurred at **1:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Edwin A. Lee, M.D.		(Degree or title)		23b. ADDRESS 424 Kansas Ave. E. St. Louis		23c. DATE SIGNED 8/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-22-49		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois	

DATE REC'D BY LOCAL REG. HUG 22 1949		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE C. T. Nash		ADDRESS 3847 Page Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

M. James Nash

Licensed Embalmer No. 4434

P. O. Address 3849 Page Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.